

TC 95-600

09/2012



## Division of Motor Carriers KENTUCKY AIRPORT SHUTTLE AUTHORITY RENEWAL

## MAIL TO:

PO Box 2007, Frankfort KY 40602-2007 Phone (502) 564-1257 Fax (502)564-4138 8:00 am – 4:30 pm EST Walk-ins 8:00 am – 4:00 pm http://transportation.ky.gov/Motor-Carriers

| Busin   | ess name and address:               |               |          |                |                  |
|---|-------------------------------------|---------------|----------|----------------|------------------|
|   |                                     |               |          | For Year:      |                  |
|   |                                     |               |          | Company #:     | <u>P</u>         |
|   |                                     |               |          | Certificate #: |                  |
|   |                                     |               |          |                |                  |
| ALL AIRPORT SHUTTLE A THE AUTHORITY MUST BE   |                                     |               |          |                | PER VEHICLE FEE. |
| FEE CALCULATION:  |                                     |               |          |                |                  |
| A. Number of vehicl   | es being renewed:                   |               | x \$45.0 | 0 = \$         |                  |
| B. Certificate renew  | al fee:                             |               |          | + \$           | 25.00            |
| C. Prepaid balance  | credit:                             |               |          | - \$           |                  |
|   |                                     |               | Tot      | al = \$        |                  |
| Please make all fees payal  | ole to "Kentucky Stat               | e Treasurer". |          |                |                  |
| Signature required from the Corporation, Partnership or Kentucky Secretary of State  Phone: | Limited Liability Comp is required. |               |          |                |                  |
| Print Name:   |                                     | E-mail:       | -        |                |                  |
| Signature:  |                                     |               | oate:    |                |                  |
| (This application shall be no   | tarized)                            |               |          |                |                  |
| State of:   |                                     |               | y of:    |                |                  |
| Subscribed and sworn to be  | fore me this                        | day of        |          | , 20           | ·                |
| Notary F  | 'ublic                              | <u> </u>      | Mv       | Commission Ex  | pires            |
| Office Use Only   |                                     |               | ,        |                |                  |
| Account codes: 42 Plate Fee \$  |                                     |               |          |                |                  |
| 43 Certificate fee \$   |                                     |               |          |                |                  |
| TO CEITHICATE IEE D   |                                     |               |          |                |                  |

If using overnight delivery services, please send to: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622